BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

CLAIMS AS FILED - PART	Effective December 29, 1999													
SASIC FEE														
TOTAL CLAIMS	FOR NL			NUMBE	R FILED		NUMBER	EXTRA	RAT	E	FEE	1	RATE	FEE
MULTIPLE DEPENDENT CLAIM PRESENT WILTIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) Column 2) Column 3) REMAINING AFTER PREVIOUSLY PAID FORE Independent	BASIC FEE								345.00	OR		690.00		
MULTIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) TOTAL DADI- FREENT PREVIOUSLY PRESENT PREVIOUSLY PREVIOUSLY PRESENT PREVIOUSLY PRESENT PREVIOUSLY PRESENT PREVIOUSLY PRE	TC	TAL CLAIMS		10) minus :	20= '	*		X\$ 9)=		OR	X\$18=	
#130= OR #260= TOTAL OR TOTAL TWANTY OF MULTIPLE DEPENDENT CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) (Column 3) (Column 3) (Column 3) (Column 4) (Column 4) (Column 4) (Column 5) (Column 5) (Column 5) (Column 6) (Column 6) (Column 7)									X39	=		OR	X78=	78
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 1) (Column 2) (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 1) (Column 2) (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 1) (Column 2) (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 1) (Column 2) (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 1) (Column 2) (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 1) (Column 2) (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 1) (Column 2) (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 1) (Column 2) (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 1) (Column 2) (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 1) (Column 2) (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 1) (Column 2) (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total (Column 3) HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total Total ADDIT FEE OR ADDIT	MULTIPLE DEPENDENT CLAIM PRESENT								+130)=		OR	+260=	
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+130			NTATIO	N OF ML		PEND	ENT CLAIM		X39=	=		OR	X/8=	168
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REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PRESENT EXTRA Total * Minus ** =					_			(Column 3)						
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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	**	If the "Highest Nur If the "Highest Nu	mber Prev mber Prev	iously Pa viously Pa	id For" IN THIS aid For" IN THI	S SPAC	CE is less tha CE is less tha	in 20, enter "20." in 3, enter "3."	ADDIT. FI	EE	rongiata has	,	ADDIT. FEE	

UN ED STATES PATENT & TRADEN RK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: 11.28.00 2 Serial/Patent # 67/1665 757									
3 Ple	ase refund the following fee(s):	4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT				
X	Filing	1			\$ 345.00				
	Amendment				\$				
	Extension of Time				\$				
	Notice of Appeal/Appeal				\$				
	Petition				\$				
	Issue				\$				
	Cert of Correction/Terminal Disc.				\$				
	Maintenance				\$				
	Assignment				\$				
	Other				\$				
			7 TOTAL AMOUNT S 345.						
		8 TO BE REFUNDED BY:							
10 RE	ASON:	Treasury Check							
A	Overpayment	Credit Deposit A/C #:							
	Duplicate Payment								
	No Fee Due (Explanation):								
	•								
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
SIGN	08 1491								
office: 13-018									
THIS SPACE RESERVED FOR FINANCE USE ONLY:									
APPF	ROVED:	DATE	e: _						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS [FORM NUMBER PTO-1577]

- Fill out the form completely, and print or type all information.

 1. DATE OF REQUEST: Enter the date you fill out the form.

 2. SERIAL/PATENT #: Enter the Serial or Patent Number.

 3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other" and print or type the fee type on the following blank line. " and print or type the fee type on the following blank line.
- 4. PAPER NUMBER: Enter the PAPER NUMBER of the document for which a refund is requested. [PAPER NUMBER refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
- 5. DATE FILED: Enter the Mailroom Date of the document for which a refund is requested.
- 6. AMOUNT: Enter the dollar amount of the refund.
- 7. TOTAL AMOUNT OF REFUND: Add the dollar amounts in the column labeled AMOUNT and enter the total in the box.
- 8. TO BE REFUNDED BY: Enter a check mark or an X in the box preceding TREASURY CHECK OR CREDIT DEPOSIT A/C # to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the FEE ACCOUNTABILITY STAMP with the amount of the refund circled.
- 9. DEPOSIT ACCOUNT NUMBER: If refund is by credit to a Deposit Account, enter the Deposit Account Number.
- 10. REASON: Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
- 11. REFUND REQUESTED BY: Only PTO personnel formally authorized to request refunds should enter their NAME, TITLE, PHONE NUMBER, OFFICE and SIGNATURE on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

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*U.S. GPO: 1993-300-608/80283